



**T** Massachusetts Bay Transportation Authority

## Boston Visitor Pass By Mail Groups (50+) Order Form

*Please complete this form  
and send with payment to:*

**MBTA REVENUE DEPARTMENT**  
Ten Park Plaza, Room 4730  
Boston, MA 02116  
Attention: Visitor Pass

*Method of payment:*

**Certified, Cashier or Business Check**  
**No cash, personal checks or credit cards.**

*Ship to:*

**Organization Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Contact Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**e-mail** \_\_\_\_\_

*Choose your pass type:*

PASS TYPE	QUANTITY		UNIT PRICE	AMOUNT
1 Day	_____	x	\$7.00	\$ _____
3 Consecutive Day	_____	x	\$17.00	\$ _____
7 Consecutive Day	_____	x	\$34.00	\$ _____
<b>TOTALS</b>	_____		<b>CHECK DUE FOR TOTAL</b>	<b>\$ _____</b>

*Please sign here:*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

*For more information contact:*

**Sorrenia Dillon (617) 222-6117**  
**e-mail: [sdillon@mbta.com](mailto:sdillon@mbta.com)**

*Please allow two weeks for processing upon receipt.*